

DEFENSE TECHNICAL INFORMATION CENTER REQUEST FOR RELEASE OF LIMITED DOCUMENT

DTIC CONTROL NO.

USER ROUTING

NOTE: This form may be classified if necessary. See instructions on reverse.

SECTION I
REQUESTING ORGANIZATION

1. REQUESTING ORGANIZATION AND ADDRESS

2. DTIC USER CODE NO.

3. DATE OF REQUEST

4. TYPE OF COPY AND QUANTITY

☐ Paper Copy _____ Copy(s)

☐ Microfiche _____ Copy(s)

5. CONTRACT NUMBER

6. CONTRACT SECURITY LEVEL

7. GOVERNMENT SPONSOR AND ADDRESS, (Contractors Only)

8. METHOD OF PAYMENT (X ONE)

☐ VISA

☐ MC

☐ AMX

☐ Charge to NTIS Deposit Account No. _____

☐ Bill My Organization to the Attention of: _____

10. NAME, TITLE, PHONE NUMBER OF REQUESTING OFFICIAL

9. CONTRACT MONITOR AND TELEPHONE NUMBER (Contractors Only)

SECTION II
BIBLIOGRAPHIC INFORMATION

11. AD NUMBER (If Known)

12. (TITLE, REPORT NUMBER, AUTHOR(S)), ETC

SECTION III
REQUESTER JUSTIFICATION

13. REQUESTER JUSTIFICATION (Explain need in detail)

SECTION IV
RELEASING AGENCY

1. RELEASING AGENCY ADDRESS (If Known)

2. RELEASING AGENCY DECISION (If the report was developed under the SBIR Program, refer to instruction B.2 on the reverse of this form)

☐ APPROVED FOR RELEASE TO THE ABOVE REQUESTER.

☐ DISAPPROVED. REASON FOR DISAPPROVAL _____

☐ APPROVED FOR PUBLIC RELEASE

☐ DISTRIBUTION AUTHORIZED TO U.S. GOV'T AGENCIES & THEIR CONTRACTORS.

☐ DISTRIBUTION AUTHORIZED TO U.S. GOV'T AGENCIES ONLY.

☐ DISTRIBUTION AUTHORIZED TO DoD ONLY.

☐ DISTRIBUTION AUTHORIZED TO DoD & THEIR CONTRACTORS.

3. NAME AND TITLE OF RELEASING OFFICIAL

4. TELEPHONE NO.

5. SIGNATURE

6. DATE

I N S T R U C T I O N S

A. REQUESTER

1. Enter your routing information in the User Routing block, if desired, for your internal control purposes.
2. *Method of payment is required.* Retain a copy for your records, mail or fax to:

DEFENSE TECHNICAL INFORMATION CENTER
ATTN: DTIC-BCS
8725 JOHN J. KINGMAN ROAD, SUITE 0944
FORT BELVOIR, VA 22060-6218

Commercial: 703-767-8271, DSN: 427-8271
FAX: 703-767-8228, DSN: 427-8228

DTIC will not accept any form of prepayment with this request. (*Service charge will be made only for documents approved for release.*)

3. If classified information must be included, **CLASSIFY THIS FORM ACCORDINGLY.**

B. RELEASING AGENCY

1. Contractor's Government Sponsor's address, name and telephone number is included in **Section I (Blocks 7 & 9)** for your use.
2. Indicate in **Section IV, (Block 2)** approval or disapproval. Also check the appropriate block, if the distribution statement should be changed.
3. Complete **blocks 3-6**
4. Retain copy, for your records. Mail or fax a copy to DTIC.
5. As directed by ODDR&E(AT), Releasing agencies should complete the form and return it to DTIC within 15 days.
6. **WARNING:** If the requested information is proprietary data developed under an **SBIR contract**, it cannot be released outside the U.S. Government for a period of **FIVE** years, after acceptance of the last contract deliverable item without the written permission of the contractor (DFARS 252.227-7018).

Instructions for Completing DTIC Form 55

Request for Release of Limited Documents

**PLEASE
RETAIN**

**Instructions for
Completing**
(Incomplete forms may
be returned by DTIC.)

Reordering: If within the *last 12 months* you have received an approval for this Limited Document and you want another copy, call or write giving us the AD Number, date the document was received, contract number document was ordered under, NTIS Deposit Account Number, User Code, the type of copy, and any particular routing.
If you have further questions concerning the DTIC Form 55, call (703) 274-6985 or DSN 284-6985.

Section I:

- Refer to your DD Form 1540 (Registration Application) in filling out this section.
- Indicate method of payment; no prepayment accepted.
- Order only those documents which pertain to your registered contract.

Section II:

- Explain in detail your requirement for the document. The Releasing Agency may deny access with insufficient justification.
- DTIC will attach the Bibliography for Releasing Agency's information.
- Retain Gold copy and forward remaining copies to:

**Defense Technical
Information Center
ATTN: DTIC-BCS
Cameron Station
Alexandria, VA
22304-6145**

- Complete Releasing Agency name and address.

Please Note: See Reverse Side of DTIC Form 55 for additional instructions. Requester will be notified by letter of all outstanding requests that are 90 days old.

DEFENSE TECHNICAL INFORMATION CENTER REQUEST FOR RELEASE OF LIMITED DOCUMENT		DTIC CONTROL NO. DTIC USE ONLY	USER ROUTING FOR YOUR INTERNAL ROUTING
NOTE: This form may be classified if necessary. See instructions on reverse. No carbon paper required in the completion of this form.			
SECTION I REQUESTING ORGANIZATION	REQUESTING ORGANIZATION AND ADDRESS Limited Corporation Technical Library P. O. Box 999 Georgetown, CA 95000	DTIC USER CODE NO. 35000	DATE OF REQUEST 25 Apr 87
		TYPE COPY AND QUANTITY <input checked="" type="checkbox"/> Paper Copy <u>2</u> Copy(s) <input type="checkbox"/> Microform <u> </u> Copy(s)	
		REGISTERED CONTRACT NUMBER NICRAD-82-NAIR-010	CONTRACT CLEARANCE Secret
	GOVERNMENT SPONSOR AND ADDRESS	METHOD OF PAYMENT (X ONE) <input checked="" type="checkbox"/> Charges to NTIS Deposit Account No. <u>00000</u> <input type="checkbox"/> Bill My Organization to the Attention of: <u> </u>	
	CONTRACT MONITOR AND TELEPHONE NUMBER	SIGNATURE, TITLE, PHONE NUMBER OF REQUESTING OFFICIAL <u>Earl Zipp</u> EARL ZIPP, Library Supervisor, (714) 432-2345	
SECTION II REQUESTER JUSTIFICATION	AD NUMBER B059 731L		
	NOTE: BIBLIOGRAPHY WILL BE ATTACHED BY DTIC FOR RELEASING AGENCY'S INFORMATION. REQUIRED FOR (Explain need in detail, include applicable contracts) The requested document will facilitate R&D efforts in the area of RF Antenna isolation enhancement. Areas of interest include analytical and empirical approaches relating to both passive and active concepts.		
RELEASING AGENCY (Use Post Office Address Format) Commander Rome Air Development Center ATTN: EEA Hanscom AFB, MA 01731		SECTION III RELEASING AGENCY DECISION <input type="checkbox"/> APPROVED FOR RELEASE TO THE ABOVE REQUESTER. <input type="checkbox"/> APPROVED FOR RELEASE TO ALL REGISTERED DTIC USERS WITH ADEQUATE SECURITY CLEARANCE AND NEED-TO-KNOW. <input type="checkbox"/> DISAPPROVED. REASON FOR DISAPPROVAL: <u> </u>	
TYPED NAME AND TITLE OF RELEASING OFFICIAL		TELEPHONE NO.	SIGNATURE
			DATE

DTIC FORM 55
FEB 86

COPY DISTRIBUTION:
WHITE - DTIC

YELLOW - RELEASING AGENCY

PINK - DTIC SUSPENSE

GOLD - REQUESTER

PREVIOUS EDITIONS MAY BE USED UNTIL STOCK IS EXHAUSTED.